HealthForceOntario

2011 2012 annual report

11/12

Ontario

HealthForceOntario Marketing and Recruitment Agency

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Ontario
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January 16, 2013

The Honourable Deb Matthews
Minister of Health and Long-Term Care
80 Grosvenor Street
Hepburn Block, 10th Floor
Toronto, Ontario M7A 2C4

Dear Minister Matthews,

It is with pleasure that I present the 2011/12 Annual Report for HealthForceOntario Marketing and Recruitment Agency (HFO MRA). The HFO MRA Board deems the Agency to be in compliance with legislation, directives, the MOU and agreements, and we remain committed to continue to promote our shared goals of accountability and transparency. Specifically, we have ensured that our future financial statements will include the integral components, reflect the accepted accounting practice, and be available for public dissemination.

Health human resources are a key contributor to Ontario's priorities and HFO MRA remains committed to working with the government and other partners to keep Ontario healthy, and provide the right care at the right time in the right place.

Sincerely,

Dr. Peter Wells
Chair, Board of Directors

c.c. Ms. Suzanne McGurn, Assistant Deputy Minister, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care (MOHLTC)
Ms. Roz Smith, Executive Director (I), HealthForceOntario Marketing and Recruitment Agency

2011/12

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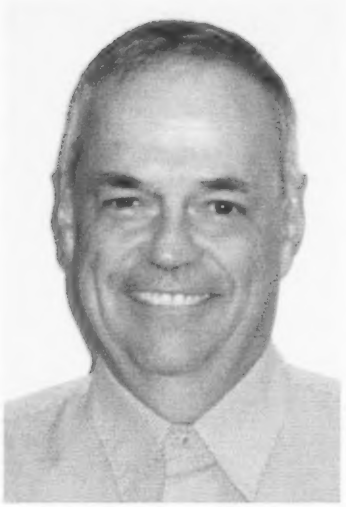
2011/12 Annual Report



It is with pleasure that I present the 2011/12 Annual Report for HealthForceOntario Marketing and Recruitment Agency (HFO MRA). HFO MRA continues to deliver programs and services that help to ensure Ontarians have access to the right mix and distribution of health-care professionals when and where they are needed.

While staying within its mandate, the Agency has evolved from focusing on marketing and recruitment to taking a multi-faceted approach to the complex health human resources challenges that exist in the province. The Agency's activities now include: assisting internationally educated health professionals to pursue a career in Ontario's health system; retention of Ontario's domestically trained health professionals; outreach to and recruitment of qualified physicians currently practising in high-priority specialties; and maintaining clinical services through the administration of locum programs. All of these activities are crucial for building a more sustainable future for the health of Ontarians.

Under the careful stewardship of the senior management and the diligent work of the staff, the Agency has continued to deliver high-quality services to its clients. The culture of collaboration with a wide range of external stakeholders results in strong partnerships and continuous improvements to the Agency's programs and services.

The Agency has exercised financial prudence and a high standard of oversight. The Board accepts the audited financial statements and respectfully submits them in the Annual Report.

HFO MRA appreciates the ongoing support of the Ministry of Health and Long-Term Care, and looks forward to working with the Ministry to ensure the sustainability of a high quality health-care system in the years ahead.

Dr. Peter Wells, MD, CCFP
Acting Chair, HFO MRA Board of Directors
July 31, 2012

The Agency will continue to support the goal to provide quality health care and balanced distribution of that care throughout the province.

In June 2012, the Board of Directors at HealthForceOntario Marketing and Recruitment Agency asked me to assume the role of Interim Executive Director after the former Executive Director, Bradley Sinclair, resigned to assume a new position. I am pleased to step in and help guide the organization as the Board searches for a permanent replacement.

During 2011/12, I worked in the role of Associate with the Ontario Physician Locum Programs at the Agency. During that time, I often heard hospitals and communities across the province express thanks to HFO MRA for assistance with physician coverage for vacant Emergency Department shifts. I also heard locum physicians relay their enthusiasm for helping out and practising in new communities. Clients from other Agency programs also have communicated how they have benefited from the Agency's services. This feedback is evidence the Agency has had a positive effect on addressing the health human resources challenges and is committed to meeting clients needs.

This commitment to clients was especially necessary in 2011/12, a year of financial austerity. The Agency worked conscientiously to adapt without compromising the quality of its services and programs or its mission.

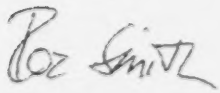
Through collaborative teamwork and with the best possible return on public investment, the Agency successfully continued to deliver an extensive array of programs and services that focused on: assisting internationally educated health professionals on their path to practice, retaining domestically trained health professionals, conducting outreach to qualified physicians practising in high-priority specialties outside of Ontario, assisting communities with recruitment needs and administering locum programs. Additionally at the request of the Ministry, the Agency assumed a new operational health human resource responsibility, the deployment of Ontario Physician Assistant graduates to a variety of settings across the province.

During the past year, the Agency had notable successes, including:

- The Agency helped 286 internationally educated health professionals make a successful transition to practice or start an alternative career. Helping these internationally educated health professionals make a successful transition from underemployment to a health-care career in keeping with their education and experience benefits them and Ontario.
- 78.5% of Ontario post-graduate residents working with the career service Practice Ontario were matched to communities in Ontario. These encouraging results demonstrate the program is contributing to the retention of domestically trained health-care professionals within the province.
- 140 qualified physicians were recruited to Ontario by HFO MRA, 81% of whom practice in priority specialties. More than 60% of these physicians were recruited to underserviced communities, which are most in need of clinical services.
- Due to the combined efforts of the Emergency Department Coverage Demonstration Project together with local Emergency Department physicians, physician leaders, hospital leaders, the Ministry and the Local Health Integration Networks, there were no Emergency Department closures in the province. As a result of this achievement, Ontarians throughout the province continue to have uninterrupted access to Emergency Department services in their communities.

The Agency will build on the momentum of these successes and expand its support of quality health care and balanced distribution of that care throughout the province by assuming additional responsibilities in 2012/13. These include: the General Practitioner Vacancy Locum Coverage Arrangements, the Clerkship Travel Program, the Health Professionals Recruitment Tour, and assisting physicians who have Return of Service contracts with the province.

Thanks to the dedication of the Agency staff and collaboration with our partners — communities, organizations, agencies, programs and networks — 2011/12 was a year of strong accomplishments. The Agency looks forward to building on these accomplishments and continued partnerships to help support the Ministry's goals and Directives.



Rosalind (Roz) Smith, Executive Director (I)
July 31, 2012

The Goal: Contributing to Ontarians having access to the health professionals they require, when and where they need them.

The Ministry of Health and Long-Term Care works to keep Ontario healthy. This means better access to quality care to ensure the sustainability of health care across the province. To do this, the government needed to develop strategies to help resolve issues that were barriers to a successful system.

In 2006, the Ontario Government created HealthForceOntario (HFO) – a strategy to help address health human resource challenges in the province. To execute the HFO strategy, an operational services agency, HealthForceOntario Marketing and Recruitment Agency (HFO MRA), was created that same year.

In its early days, HFO MRA focused solely on marketing Ontario as the employer of choice for health professionals and recruiting qualified health professionals into Ontario, but the role of HFO MRA has evolved considerably since that time. The Agency's work now includes supporting internationally educated health professionals living in Ontario on their path to practice; helping to retain Ontario's domestically trained health-care professionals; providing outreach to qualified physicians working in high-priority specialties outside of Ontario; and contributing to the sustainability of health care in Ontario through the administration of physician locum programs. These activities contribute to Ontarians having access to the health professionals they require, when and where they need them.

Some examples of the Agency's work:

- Ontario is training more health-care professionals and providing information about practising in underserved areas to help address the distribution imbalance in the province. To minimize the risk of Ontario health professionals choosing to practise outside of the province, especially in the U.S., HFO MRA has launched retention programs, such as Practice Ontario and the Physician Assistant Program, and provides tools and supports, such as the Practice U online toolkit and the online job portal HFOJobs. These programs, tools and supports help provide a smooth transition from education to independent practice and increase awareness about practice opportunities in Ontario, especially in underserviced areas.

- To increase the number of physicians in the province who practise in specialties Ontario needs, HFO MRA reaches out to qualified physicians who live outside of the province and practise in high-need specialties. If they are considering relocating to Ontario, HFO MRA's Physician Recruitment Advisors and the Community Partnership Coordinators work with them to facilitate the process and find a suitable practice opportunity here.

- HFO MRA's Access Centre provides advisory services to help internationally educated health professionals (IEHPs) in all 23 of Ontario's regulated health professions make a successful transition to professional practice. IEHPs are then able to use their education and experience to pursue a career in and contribute to Ontario's health system.

- Throughout the province; particularly in rural, remote and Northern areas; communities often have a limited number of physicians. If a physician in one of these communities wants to take a vacation or educational leave, or is ill, it could affect clinical service delivery. HFO MRA helps maintain clinical care in these areas by administering locum programs including the Rural Family Medicine Locum Program, the Northern Specialist Locum Programs, and the Emergency Department Coverage Demonstration Project. Locum physicians provide short-term replacement for community physicians, and also help fill in on a temporary basis while communities are recruiting for physicians.

- Finally, as a result of the work HFO MRA provides, the Agency has taken on a consulting role with regards to local information about Ontario's health human resource issues. The government, Local Health Integration Networks and communities often contact HFO MRA for advice and guidance about local health human resource situations and issues.

Mission

HealthForceOntario Marketing and Recruitment Agency (HFO MRA) manages a range of components and executes a series of activities to support the recruitment, retention and effective use of Ontario's health human resources. In 2011/12, components that comprised HFO MRA were as follows:

- The Access Centre
- External Physician Outreach
- Physician Retention/Practice Ontario
- Community Partnership Programs
- Ontario Physician Locum Programs
- HealthForceOntario.ca and HFOJobs.ca
- Customer Support Office for the Nursing Graduate Guarantee Initiative
- Physician Assistant Grant
- Corporate Affairs
- Corporate services to the Transitional Councils of the five new regulatory health professional colleges: College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario; College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario; College of Kinesiologists of Ontario; College of Homeopaths of Ontario; College of Naturopaths of Ontario.

These components have evolved over time and HFO MRA continues to be responsive to the Ministry of Health and Long-Term Care directions and requests to assume responsibility for new programs and services.

Vision

HealthForceOntario Marketing and Recruitment Agency has adopted the vision of the government's health human resources strategy as its own: HealthForceOntario is Ontario's strategy designed to make the province the "employer of choice" in health-care and to ensure that Ontarians have access to the right number and mix of qualified health-care providers, when and where they are needed, now and in the future.

To facilitate corporate unity and integration of programs and services, HFO MRA management has adopted Corporate Values. They are intended for the HFO MRA staff to use as guiding principles for all work, regardless of the department, program or service. Though the application varies depending on the nature of the work being executed, the Corporate Values can be applied to all operations. Staff are regularly encouraged to consider these values in their day-to-day work. The Corporate Values are:

Client Centredness

i.e., Is the Agency department, program or service truly focused on the client?

High-Quality Outcomes

i.e., Is the work being executed in a way that produces the best possible results?

Best Possible Return on Public Investment

i.e., Are the resources invested in the department, program or service in the most effective and efficient manner, with accountability in mind?

The Agency's business continues to be organized around four functions: assisting internationally educated health professionals in Ontario to make a successful transition to practice; retaining Ontario's domestic health-care professionals; outreach to qualified physicians working in high-priority specialties not currently practicing in Ontario; and contributing to the sustainability of health care in Ontario through the administration of locum programs. Additionally, the Corporate Affairs unit is dedicated to the provision and maintenance of HFO MRA corporate infrastructure. The following is a description of programs and activities the Agency carried out in 2011/12.

Internationally Educated Health Professionals

Internationally Educated Health Professionals Advisory Services

The Internationally Educated Health Professionals Advisory Services exist to support internationally educated health professionals (IEHPs) interested in using their education and experience to pursue a career in Ontario's health system and to enable Ontario to make the best use of IEHPs in meeting the province's health human resource needs. Services assist IEHPs living in Ontario in making a successful transition to professional practice. The Access Centre provides advisory services to all 23 of Ontario's regulated health professions. Nearly 75% of all IEHP clients are physicians. Access Centre staff work with clients on an individual basis using a case management approach to assess the client's professional background, current status and develop an individualized action plan.

Retention

Practice Ontario

Practice Ontario is a service that works with Ontario post-graduate medical residents to facilitate their transition to practice across the province. Through Practice Ontario, and in conjunction with medical schools, Ontario medical residents receive career counselling; assistance in identifying practice opportunities across the province; and information regarding resources, supports and incentives as it relates to their transition to independent practice. Community Partnership Coordinators meet with medical residents at universities and placements across the province. Practice Ontario aligns with the broader goal of increasing resident retention in Ontario in accordance with provincial need.

Physician Assistant Program

The Physician Assistant Program administers the Physician Assistant Graduate Employment Support Initiative for graduates of Ontario's two Physician Assistant education programs. It facilitates the employment of graduates in priority clinical and geographic areas by providing assistance in matching them with publicly funded employment opportunities.

HFOJobs

HFOJobs is a comprehensive web-based portal that connects health-care organizations and communities that have available opportunities for physicians, nurses and nursing graduates with candidates seeking employment. HFOJobs staff work with employer and community recruiters from across the province to help them create and manage job postings, as well as to maintain organization and community profiles on the site.

Practice U

Written in collaboration with experts across Ontario's health-care sector, this online toolkit helps residents and registered physicians prepare for professional practice in Ontario. Practice U modules include: The Business Side of Medicine; Physician Well-Being; Finding Your Ideal Practice; Physician Resources; Moving to Ontario; and Countdown to Practice.

Outreach/Recruitment

External Physician Outreach

External Physician Outreach provides outreach to qualified physicians in high-need specialties who are not currently practising in Ontario and have expressed interest in relocating to the province. Currently, External Outreach targets U.S.-based physicians with specialties in: Family Medicine; Emergency Medicine; Psychiatry; and other specialties required by underserviced areas. Outreach is conducted via webinars, e-mail campaigns, and the web site to generate interest from physicians best-suited to meet Ontario's needs.

Physician Recruitment Advisory Services

The Physician Recruitment Advisory Services assist practice-ready external physicians with relocation to Ontario and assist communities with external recruitment questions. Physician Recruitment Advisors provide registration; certification and immigration advice; coordination with key stakeholders (i.e. College of Physicians and Surgeons of Ontario, College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada, Physician Credentials Registry of Canada); and information on a broad range of practice topics (such as obtaining an OHIP billing number, malpractice insurance) to smooth the path to relocation and practice. Physician Recruitment Advisors also work with Canadians who are transitioning between medical school and residency in the U.S., assisting them in obtaining a J1 visa and Ontario practice eligibility.

Community Partnership Program

The Community Partnership Program is an initiative in which Community Partnership Coordinators located across the province deliver Practice Ontario sessions and provide physician recruitment and retention support to recruiters, health-care organizations, and health-care providers within each of the 14 Local Health Integration Network (LHIN) areas. The program has two key functions:

- To assist hospitals, employers and stakeholders with their community-based recruitment and retention initiatives by working one-on-one to connect health-care providers and organizations with each other and resources, share best practices, and assist with LHIN-based health human resource planning.
- To support residents and practising physicians by working closely with them and their spouses/partners to find suitable practice opportunities in Ontario. Community Partnership Coordinators make post-graduate medical trainees aware of Practice Ontario, a career counselling service, and opportunities posted on HFOJobs.

Sustainability – Administration of Locum Programs

The Rural Family Medicine Locum Program

The Rural Family Medicine Locum Program maintains ongoing primary care in eligible communities by providing temporary short-term replacement coverage for practising rural family physicians.

The Northern Specialist Locum Programs

The Northern Specialist Locum Programs consist of two programs that support continuous patient access to specialist services in Northern Ontario: the Urgent Locum Tenens Program for Specialists and the Respite Locum Tenens Program for Specialists. Northern Ontario communities that have vacant specialist physician positions access the Urgent Locum Tenens Program to provide temporary specialist locum coverage while they look to recruit a permanent physician. For those Northern Ontario communities that have a full complement of specialist physicians, the Respite Locum Tenens Program provides temporary specialist locum coverage while local physicians are on vacation, continuing medical education or parental leave.

Emergency Department Coverage Demonstration Project

The Emergency Department Coverage Demonstration Project (EDCDP) assists hospitals to maintain continuous Emergency Department coverage in all sites across Ontario and avert closure of an Emergency Department due to physician unavailability. EDCDP provides urgent locum coverage as an interim measure of last resort to designated hospitals facing significant challenges covering Emergency Department shifts. Under EDCDP, physicians from Emergency Departments in Ontario who are able to maintain their home hospital commitments assist EDCDP hospitals in the province with coverage of their Emergency Department shifts. At any given time, approximately 20 hospitals – those which have been assessed as most in need of staffing assistance – access EDCDP. Additionally, over two-thirds of the hospitals have received EDCDP advice regarding Emergency Department staffing, recruitment and retention, and sharing of best practices.

Corporate Affairs

Corporate Affairs provides infrastructure and support to the Agency, including: payroll and benefits; human resources; finance; facilities management; product and service procurement; information technology; legislative and government directive compliance; conflict of interest; privacy matters; freedom of information; communications; and corporate affairs for five new Transitional Councils for health professional regulatory colleges.

In 2012/13, the Agency will be assuming responsibility for the following programs and activities at the request of the Ministry:

Return of Service

The Agency will support medical residents with a five-year Return of Service contract and the Ministry by helping these residents to find a practice location that meets their obligations. The Agency will report back to the Ministry on efforts made when contract obligations are not met.

Health Professionals Recruitment Tour

HFO MRA assumed administrative responsibility for the Health Professionals Recruitment Tour from the Professional Association of Internes and Residents (PAIRO). The Health Professionals Recruitment Tour is a regional job fair that connects Ontario communities, which have many vacancies, with medical residents, medical students, and other health professionals who are beginning their careers. Each year, hundreds of recruiters and health-care professionals attend one or more of the seven regional centres. HFO MRA will be planning and delivering the tour in collaboration with PAIRO in 2012/13.

General Practitioner Vacancy Locum Coverage Arrangements

The Agency will administer the General Practitioner Vacancy Locum Coverage Arrangements (GPVLCA), effective April 1, 2012. The GPVLCA provides vacancy locum coverage, through a variety of arrangements, for high-need communities in Northern Ontario while they recruit for additional family physicians. Thirteen communities receive varying levels of vacancy support from the GPVCLA.

Clerkship Travel Program

The Clerkship Travel Program will be developed and managed by HFO MRA. The program will cover travel and accommodation expenses (up to a certain amount) for medical students (clerks) accepted for a clinical rotation at an Academic Health Science Centre more than 100 kilometres from the clerk's home school. The program will help improve the distribution of physicians across Ontario by giving undergraduate medical students exposure to alternative practice settings.

Masha: Anesthesiologist from Iran matched to the University of Toronto in post-graduate Year 2

Masha, an Anesthesiologist from Iran, immigrated to Canada in August 2009. She was unsure of where to start in her search to become a registered physician. She learned about HFO MRA from a friend on her third day in Toronto.

She met with an Advisor who gave her an overview of the path to practice in Ontario. From there, she started studying for the Medical Council of Canada Exams and the United States Medical Licensing Examinations. Masha also took advantage of the information session, interview skills workshop and mock interviews offered through the Access Centre. She found them to be very beneficial in understanding the registration process in Ontario and in preparing for the Canadian Resident Matching Service application. Through several mock interviews with her Advisor, she gained insight into the interview process and learned how to organize her thoughts and highlight her skills and experience.

By August 2011, Masha had completed the Medical Council of Canada Evaluating Examination, Medical Council of Canada Qualifying Examination Part 1 and National Assessment Collaboration Objective Structured Clinical Examination. During this time, she also did an Observership with the University Health Network and Mount Sinai in Toronto.

Eager to find work in the health-care field, she met with her Advisor again to assist in finding alternative employment while she completed her studies. In November 2011, she was accepted in the position of Research Assistant for the Bloomberg Faculty of Nursing at the University of Toronto. She is currently working at Toronto East General in this role.

In November 2011, Masha had an interview for Post-graduate Year 2 Anesthesiology, and was accepted at the University of Toronto in January of 2012. She is excited to start her residency in July 2012. She would like to continue her education in Anesthesiology and eventually work in a community hospital intensive care unit.

"It was quite an informative session due to all the misinformation surrounding the application process towards Canadian residency. The Access Centre outlined the process quite effectively."

Dr. Ravdeep Kukreja: A Canadian who attended medical school in India matched to a Family Medicine residency at the University of Toronto

Dr. Ravdeep Kukreja, from Whitby, Ontario, always wanted to be a physician. However, due the limited number of students admitted to medical school in Canada, he decided to apply to medical school in India, a country where he also has relatives. He was accepted and attended from 2004 to 2009. Upon graduation, he started an internship year, opting to do two of his electives in Canada.

While in Canada, Dr. Kukreja learned about the Access Centre at HFO MRA from a friend, who sent him a link to the HealthForceOntario.ca web site. Dr. Kukreja attended an information session in Spring 2009 and received information on how Canadians who attended medical school abroad can become registered to practise in Ontario. "It was quite an informative session due to all the misinformation surrounding the application process towards Canadian residency. The Access Centre outlined the process quite effectively," Dr. Kukreja says.

He then registered with the Access Centre and worked with an Advisor, creating an action plan to match to a residency position in Ontario. His Advisor let him know where to find study materials for exams, reviewed his resume and informed him of residency application deadlines.

Dr. Kukreja wrote the Medical Council of Canada Evaluating Examination in 2009 and received an interview for a residency position. When he did not match to a residency, he returned to India to finish his internship. His Advisor kept in touch by e-mail and phone.

He returned to Ontario in April 2010, wrote the Medical Council of Canada Qualifying Examination Part 1, and applied for residency again. To prepare for his residency interview, Dr. Kukreja participated in mock interviews at the Access Centre. "They asked similar questions to those in the real interview, so I was well prepared. It was a great environment to make all the mistakes and shake out your nerves so you would be better prepared for the real thing," he says. This time he was successful and was matched to a Family Medicine residency at the University of Toronto. He started his first year of a two-year residency program in July 2011.

Based on his positive experience, Dr. Kukreja recommended the Access Centre to another Canadian physician studying abroad. She, too, worked with an Advisor and also successfully matched to a residency.

The following is a list of partners the Agency collborated with in 2011/12:

- Community-based organizations
- Settlement agencies
- Medical Council of Canada
- Canadian Resident Matching Service
- Centre for the Evaluation of Health Professionals Educated Abroad
- Regulatory colleges
- Medical schools
- Professional Association of Internes and Residents of Ontario
- McMaster University Physician Assistant Program
- University of Toronto/Consortium Physician Assistant Program
- Ontario Medical Association
- Ontario Hospital Association
- Local Health Integration Networks
- Health-service providers across Ontario
- Municipal and community-based stakeholders
- Ontario Telemedicine Network
- Health Canada
- Primary care organizations
- Hospitals and physician leaders across Ontario
- Emergency Department LHIN Leads
- Rural Ontario Medical Program
- University of Toronto's Rural Northern Initiative
- Ontario Psychiatric Outreach Program

The Agency has reached a number of pivotal milestones during the 2011/12 fiscal year:

Internationally Educated Health Professionals

- In 2011/12, the Access Centre assisted its 900th international medical graduate client (since the Agency's inception) in successfully entering a residency training program in North America. Once these clients complete their required training programs and certification, they are qualified to practise medicine in the province or state of their certification.
- In 2011/12, the Access Centre registered its 15,000th internationally educated health professional client (since the Agency's inception) seeking information and advice about the path to professional practice in Ontario.

Retention

- In 2011/12, 870 Ontario post-graduate residents registered with Practice Ontario. This represents a 35% increase in the number of post-graduate residents that registered with Practice Ontario in 2010/11.
- 100% of Ontario's Physician Assistant graduates for the class of 2011 are working in Ontario. Of the 41 graduates, 35 have accepted positions within the government grant initiative (in which HFO MRA assisted matching Ontario Physician Assistant graduates with publicly funded employment opportunities); the remaining 6 candidates accepted positions outside the grant initiative.

Outreach/Recruitment

- In 2011/12, the Physician Recruitment Advisory Service in collaboration with the Community Partnership Program assisted its 500th physician client external to Ontario in relocating to the province (since Agency inception).

Sustainability – Administration of Locum Programs

- In 2011/12, 222 locum physicians in the Rural Family Medicine Program provided 4,729 days of locum coverage for 218 participating rural physicians in 72 active, eligible communities. This marks a 6% increase in locum days and a 3% increase in physician participation compared to 2010/11.
- In July 2011, the Rural Family Medicine Locum Program began supporting the Weeneebayko Area Health Authority, a First Nation's group in Moose Factory that provides care to the residents of Moose Factory as well as the surrounding coastal communities.
- In 2011/12, the Northern Specialist Locum Programs approved 1,747 assignments totaling 8,653 days of locum coverage across 26 specialties in 15 Northern Ontario communities.
- In 2011/12, the Northern Specialist Locum Programs approved its 6,000th locum assignment and reached 30,000 approved locum days since the Agency assumed responsibility for the program in 2008.
- In 2011/12, the Northern Specialist Locum Programs welcomed 118 new locum physicians to the program. This amounted to nearly a third of the total number of physicians participating in the Northern Specialist Locum Programs (362).
- The Emergency Department Coverage Demonstration Project (EDCDP) provided almost 24,000 hours in 23 hospitals in 2011/12, and reached over 99,000 hours of Emergency Department coverage since October 2006.
- In 2011/12, EDCDP averted 129 Emergency Department closures in Ontario and has averted 835 Emergency Department closures since the EDCDP inception in the Fall of 2006. Averting a closure is defined as successfully obtaining coverage for an open Emergency Department shift in four days or less prior to the shift.

Photo credit: Niagara this Week

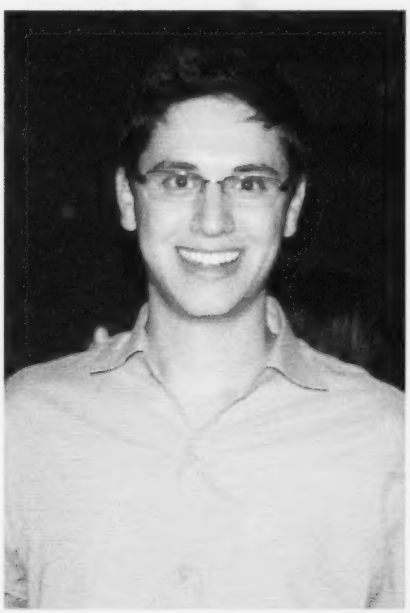
Naomie Cesar: Nurse from Haiti now practising in Port Colborne, Ontario

Naomie Cesar is an internationally educated nurse who left Haiti and came to Canada as a refugee in 2008. Shortly after arriving in Canada, she met her Access Centre Advisor at a HFO MRA-sponsored information session for internationally educated nurses.

Following the guidance of her Advisor, she completed the College of Nurses of Ontario assessment, applied for educational bursaries and enrolled in the Mohawk College bridging program, which she completed in 2011. Later that year, she passed the Canadian Practical Nurse Registration Examination, became a registered practical nurse in Ontario, and was recognized for her achievements at the 2011 International Women's Day ceremonies.

Cesar credits the ongoing guidance and support of her Advisor in helping her achieve her goal, noting "he was always there to call and check on me to know how I was doing, if I needed any help or information. By doing those follow ups, it made me feel like I wasn't by myself. I had him there as guidance…thank you for that."

Today, Cesar works as a registered practical nurse in the Niagara-on-the-Lake chronic care unit within the Niagara Health System, and is settling into her new community with her family.



Neil Ingber: Post-graduate resident accesses Practice Ontario to help make the transition to practice

"I really liked the personal attention I received through Practice Ontario [from the Community Partnership Coordinators]. They were flexible in meeting with me at North York General Hospital and helpful in clarifying my practice goals and then finding the best opportunities that matched me as a person.

The individual interview was casual, friendly and gave me much-needed information about the landscape of the job market for physicians in Ontario. I felt much more comfortable about my future after meeting with them.

The group presentations to the residents gave a great overview of the different locum opportunities and the transition to practice [services and supports] they offer, and allowed us to see the multitude of options available to graduating residents.

They were engaging speakers who tailored their presentation to our learning needs."

Neil Ingber, Post-graduate Year 2 Family Medicine Co-chief Resident, North York General Hospital (2011-2012)

"She listened to my needs and the employment situation I wanted and was willing to work with me to find a suitable position."

HFO MRA helps Physician Assistant graduate Tracy Wanyama find a position in Markham, Ontario

In December 2011, Tracy Wanyama was completing the two-year Physician Assistant Program at the University of Toronto and wanted to begin her job search.

Through her school, Wanyama learned about the Ontario government 2011 Physician Assistant Graduate Employment Support Initiative. Selected health-care employers received a grant from the Ministry to hire a Physician Assistant for two years; HFO MRA then posted these jobs through a secure link on its web site and helped match candidates with employers.

On the web site, Wanyama discovered more than 70 available positions in a range of practice settings across the province. She wanted to work in a primary care or emergency medicine setting and to stay within the Greater Toronto Area, due to her family.

When she initially didn't receive a response from the employers she had applied to in the Greater Toronto Area, Wanyama contacted the Physician Assistant Lead at HFO MRA. "She listened to my needs and the employment situation I wanted and was willing to work with me to find a suitable position," Wanyama says.

The Physician Assistant Lead contacted the employers about the status of the interview process and e-mailed Wanyama with updates. Soon, Wanyama successfully interviewed for a Physician Assistant position at the Health for All Family Health Team at Markham Stouffville Hospital.

She is now working as a Physician Assistant, rotating with each of the six physicians at the Health for All Family Health Team. "I think it's a great place. The doctors are knowledgeable. The staff are very supportive. Everybody here is friendly. We are like a family," she says.

Wanyama credits HFO MRA with helping her find a position that fit her needs: "I felt there was someone to listen to me, offer help and support, and get me where I wanted to go."

Function	Indicator	Target	Actual
Internationally Educated Health Professionals	The number of new internationally educated health professional clients that register with the Agency.	Over 3,100	3,492
	Average number of active clients.	2,000	2,800
	Percentage of internationally educated health professional clients that rate Access Centre services as satisfactory or higher.	Over 75%	75%
	The number of international medical graduate residencies offered to clients.	Over 80	91
Retention	The percentage of graduating residents registered with Practice Ontario matched to an Ontario community.	Over 75%	78.5%
	The percentage of post-graduate medical resident clients that rate Practice Ontario services as satisfactory or higher.	Over 75%	84%
External Outreach/ Recruitment	The number of physicians recruited and the percentage of those working in priority specialties and in underserviced communities.	100 physicians, 75% in priority specialties and underserviced communities.	140 physicians, 81% in priority specialties and 62% in under-serviced communities.*
	The percentage of clients that rate the Agency's recruitment services as satisfactory or higher.	Over 75%	64% **
Sustainability – Administration of Locum Programs	The number of Emergency Department closures in Emergency Department Coverage Demonstration Project hospitals.	0	0
	Working with the Ministry and the Local Health Integration Networks, the number of Emergency Department closures in non-Emergency Department Coverage Demonstration Project hospitals.	0	0
	The percentage of Rural Family Medicine Locum Program physicians that rate program services as satisfactory or higher.	Over 75%	95%
	The percentage of Northern Specialist Locum Programs hospital/community contacts that rate program services as satisfactory or higher.	Over 75%	97%
Corporate	Audit opinion issued on management's year-end financial statement.	Unqualified	An unqualified audit opinion was issued.
	Action taken based on audit recommendations or management's response to the audit recommendations.	Corrective action or timely response.	No audit recommendations on improving internal controls were issued. Therefore, no corrective action or management response is required.
Agency-Wide	The percentage of stakeholders that rate Agency services as satisfactory or higher.	Over 75%	78%

* The Agency recruited 141 physicians to the province from April 2011 through March 2012. The target of recruiting 75% of these physicians from priority specialties was met, as 114 (82%) of recruited physicians practise in one of these specialties. The target of placing 75% of priority specialties in underserved communities was not met, as 87 (62%) met this criteria.

It is helpful to identify the type of assistance received by the group of physician clients not practising in underserved communities. Nearly half (44%) of these clients did not receive job search assistance, as they had already located a job when they came to the Agency. HFO MRA assisted these clients with registration and/or immigration issues. It is likely that many of these physicians practise in areas not designated as underserved.

External physician client services have evolved considerably since 2007 to include a strong focus on priority specialties and underserviced communities. However, physicians will continue to seek the Agency's support with registration and immigration issues after they have already secured a job independent of the Agency. While the Agency hasn't developed a performance measure specific to registration and immigration support, these clients provide valuable services to help meet Ontario's health human resource challenges.

** The overall satisfaction rating for physician clients outside of Ontario who sought to relocate to Ontario was 64%. This rating was below the Agency's target of 75% and will need to be addressed in the coming year. The Agency is following up with clients to better understand the factors that led to this rating.

It is helpful to identify ratings by physician specialty; satisfaction among Family Medicine clients was rated at 83%, whereas satisfaction among physicians who did not indicate their specialty was 40%. In 2011/12, the majority of external physician clients successfully placed in Ontario were Family Medicine physicians. Conversely, a significantly smaller group of other specialists relocated as their specialty did not match available job opportunities in the province. A strong positive correlation between satisfaction and successful placement seems likely. In 2012/13, the Agency will continue to focus its resources on meeting the needs of Ontario.

HFO MRA relies on three operational elements to deliver its mandate: staff, information technology and office infrastructure. The extent to which each of these elements contribute to the operation of the Agency are described below.

Staff

HFO MRA requires staff with specialized skills, knowledge and experience to carry out the work of the Agency. Here are two examples:

- Advisors who assist internationally educated health professionals on their path to practice require extensive knowledge of health profession education, certification and regulation, as well as counselling expertise and work experience with recent immigrants.
- Community Partnership Coordinators (CPCs) act as advisors to the Local Health Integration Networks (LHINs) and communities on local health human resource issues; also they assist recruiters and stakeholders with community-based recruitment and retention. CPCs have a deep understanding of the health human resource landscape at the local level, an established network of health human resource contacts, and recruitment expertise.

In 2011/12, the level of staffing was sufficient to deliver the Agency programs and services. During the next fiscal year, the Agency will be assuming responsibility for the Health Professionals Recruitment Tour, the Clerkship Travel Program, the General Practitioner Vacancy Locum Coverage Arrangements and Return of Service. The Ministry has provided funding for the Health Professionals Recruitment Tour. Additional staff members required to administer the Clerkship Travel Program, the General Practitioner Vacancy Locum Coverage Arrangements and Return of Service will come from the existing 2012/13 Agency budget.

Information Technology

HFO MRA currently supports its programs and services with various applications, ranging from single-user to cloud-based software. When the Agency assumes responsibility for new programs requiring information technology support, its in-house IT expertise assist with assessment and implementation of solutions to meet the IT requirements.

Office Infrastructure

The majority of Agency staff work at 163 Queen Street East in Toronto. HFO MRA leases the top three floors – about 30,000 square feet – of a four-floor office building. The Agency shares space with five Transitional Councils for health regulatory colleges and Global Experience Ontario.

HFO MRA has managed within the existing space for 2011/12 and is monitoring its needs for 2012/13, given the addition of staff required for the new programs.

The Community Partnership Program staff work across the province and generally share space in LHIN offices. This facilitates CPC interaction with communities and clients.

"It keeps you on your toes, keeps you current, keeps you speaking with specialists," he says. He also recognizes that his work makes a significant difference in a small community.

Dr. Edward Hargassner: Family physician who locums in Geraldton through the Rural Family Medicine Locum Program loves the flexibility and variety of work

Family physician Dr. Edward Hargassner lives in Montreal but has been locuming since 2002, first in Little Current on Manitoulin Island, and more recently in Geraldton, a small community in Northern Ontario. (Since 2008, Geraldton has been eligible for and accessing the Rural Family Medicine Program at HFO MRA.)

Initially, he started locuming as way to pay off his student loans quickly. However, he discovered he really enjoyed it. He loved the varied work and the flexibility it provided: he could book one or two-week locums when it best suited his schedule.

In 2005, Dr. Hargassner started locuming in Geraldton regularly. "It's just got the right combination of factors. The colleagues are very nice. The Family doc group is very friendly, very professional. The workload is reasonable for the compensation and the administration accommodates requests for dates. All that adds up," he explains.

Dr. Hargassner locums through the Rural Family Medicine Locum Program and has found the program administrators to be helpful and efficient.

When in the community, Dr. Hargassner provides primary care at the clinics in Geraldton and Nakina (64 kilometres north of Geraldton) and does Emergency Department work at the Geraldton District Hospital. He mentions that if he were to work in a big city as a Family physician, his scope of practice would be much narrower. In Geraldton, Dr. Hargassner takes on primary care, emergency room and hospitalist duties. "It keeps you on your toes, keeps you current, keeps you speaking with specialists," he says. He also recognizes that his work makes a significant difference in a small community.

As a result of his locuming experience, Dr. Hargassner is now planning to move to Geraldton with his family in the Winter of 2012 and join the Geraldton Family practice. For Geraldton, which has less than a full complement of physicians, this is welcome news.

Through locuming, Dr. Hargassner had the opportunity to get to know the community of Geraldton, which led to a rewarding permanent position. "I would definitely recommend locuming, especially to new grads."

"The locum experience also works as a recruitment tool in that it provides physicians with an opportunity to work in the hospital environment . . . "

Northern Specialist Locum Programs help to retain specialists at Timmins and District Hospital

Timmins and District Hospital serves an immediate population of about 46,000, with a catchment area of another 40,000. The region faces staffing challenges affecting Family Medicine, as well as many specialty services.

"Because of this program (NSLP), services in General Surgery, Anesthesia, Orthopedics, Obstetrics/ Gynecology, Psychiatry, Radiology, and Internal Medicine can continue uninterrupted and patients can continue to receive the medical care they need. It also allows our local specialists some much needed respite, which we view as a retention initiative. The locum experience also works as a recruitment tool in that it provides physicians with an opportunity to work in the hospital environment, allowing both the physician and hospital staff to interact and determine if a full-time opportunity may be a good fit."

Fran Zimmerman,
Recruitment Coordinator,
Timmins and District Hospital

"EDCDP locums also became unofficial ambassadors for the community. 'We get a lot of locums that have come on the recommendation of other physicians that have worked here,' Schmitt says."

The Emergency Department Coverage Demonstration Project helps to keep the Emergency Department open at Dryden Regional Health Centre

Back in November 2007 and January 2008, two full-time Emergency Department physicians working under a Return of Service Agreement at Dryden Regional Health Centre left when their agreements were fulfilled. The hospital was suddenly without any full-time Emergency Department physicians; local Family physicians were picking up shifts in addition to their clinic responsibilities – and four of those decided to leave the community as well. "We were in acute crisis mode," says Chuck Schmitt, Physician Recruitment and Fundraising Coordinator at Dryden Regional Health Centre. It was not a sustainable situation and closure of the Emergency Department was imminent.

The hospital contacted the Emergency Department Coverage Demonstration Project and EDCDP responded by providing locum coverage. During the first eight months of 2008, EDCDP locums covered 75% of Emergency Department shifts at Dryden Regional Health Centre, which enabled the Emergency Department to remain open and maintain service while the community recruited new physicians.

In addition to providing coverage, the EDCDP locums recommended the purchase of additional medical equipment and suggested changes to the way the hospital delivers triage to help make Dryden Regional Health Centre more attractive to locums and full-time physicians considering locuming in or relocating to Dryden. EDCDP locums also became unofficial ambassadors for the community. "We get a lot of locums that have come on the recommendation of other physicians that have worked here; many have become familiar faces that we see on a regular basis," Schmitt says.

In 2011/12, Dryden Regional Health Centre was still accessing EDCDP but far less than in the early days, as the community recruited a full-time Emergency Department physician in May 2010 and six Family physicians who also do emergency work. Schmitt estimates the Emergency Department at Dryden Regional Hospital will be "self-sufficient" (able to operate without EDCDP support) within six months to a year.

The community also has accessed the Northern Specialist Locum Programs (NSLP). Dryden brought in General Surgery locums through NSLP in 2011/12 to cover a shortage. The community recruited a General Surgery physician in July 2011, but continues to access NSLP to provide coverage when this physician takes vacation or a professional development course. Dryden currently is wrapping up negotiations with a second General Surgery physician.

Working in partnership with the Ontario Physician Locum Programs staff has been an excellent experience for Schmitt. "They're wonderful. You get to know them and there's a relationship there. They are always there."

Committee Structure and Role Description

Originally the Board provided advice on the start-up of HFO MRA. This Board has developed with the evolution of the Agency and now provides strategic advice and direction.

Directors provide different forms of advice directly to management. Such advice includes but is not limited to: operational policy; conflict of interest and ethical behaviour; advice to the Lieutenant Governor in Council about potential new Board members; media and stakeholder relations; and performance management for the Executive Director.

The Finance and Audit Committee meets, reviews monthly financial statements and reports to the Board on a regular basis.

Board Membership and Succession Planning

Ontario Regulation 249/07 stipulates the Board shall be a maximum of nine members. For the fiscal year 2011/12, the HFO MRA Board included five members.

All HFO MRA Board members are appointed through an Order-in-Council, which is managed and executed by the Lieutenant Governor in Council.

Though appointments are at the discretion of Cabinet, the Board recommends potential members to the Lieutenant Governor in Council through Agency management.

Conflict of Interest Policy and Codes of Ethics/Conduct

In keeping with the appropriate government directives, the Chair of the Board serves as the Board's Conflict of Interest Officer. The Conflict of Interest Commissioner for the province is responsible for issues related to the Board Chair.

Board Orientation, Including Orientation to Government

The Lieutenant Governor in Council appoints members who have extensive background and knowledge of the Ontario government. Management provides new Board members with an orientation. Additionally, at each Board meeting, members are given updates about the Agency's programs and services.

Description of Ongoing Board of Director Education and Development

As noted above, management provides regular updates or information sessions to the Board. In addition to these updates and sessions, management regularly includes an Executive Director report to the Board at each meeting.

Board Schedule

The Board meets monthly from September through June. While it does not schedule meetings for July or August, members are available electronically should the need for Board advice or decision become necessary.

See Appendix A for biographies for each Board member.

HFO MRA is subject to Directives, Policies and Directions issued by the Management Board of Cabinet, and the Government. To maintain compliance, the Agency communicates with the Ministry to keep informed of new Directives or changes to existing Directives and to receive copies of such documents.

Following is a list of Directives, Policies and Guidelines applicable to the Agency as per the Memorandum of Understanding. If a Directive is listed, the Policy and Guideline also applies. Guidelines or Policies are listed only if there is no corresponding Directive. This list is not exhaustive. Amended, revised or successive Directives, Policies and Guidelines contained in this list continue to apply to the Agency until the list is updated.

The Agency complies with the following Management Board of Cabinet Directives, Policies and Guidelines, as well as others that are mandated throughout the year:

- Accountability;
- Advertising Content;
- Advertising and Creative Communication Services Procurement;
- Agency Establishment and Accountability;
- Cash Management;
- Emergency Evacuation Planning;
- Enhancing Privacy: Computer Matching of Personal Information;
- Freedom of Information and Privacy;
- General Expenses;
- Government Appointees;
- Government Publications Directive;
- Internal Audit;
- Management of Recorded Information Directive;
- Privacy Impact Assessment Guidelines;
- Procurement Directive for Consulting Services;
- Procurement Directives for Goods and Services;
- Procurement Directive for Information Technology;
- Real Property and Accommodation;
- Risk Management Policy;
- Travel, Meal and Hospitality Expenses;
- Visual Identity

Further to the Analysis of Financial Performance on page 39, producing a balance sheet for the Agency requires the Agency to have received two consecutive years of revenue. The first year the Agency received revenue for all its expenses (payroll and accounts payable) was 2011/12. Therefore, the first balance sheet will be produced in 2012/13, and thereafter will continue to be a component of the audited financial statements.

A cash flow statement requires two years of reported balance sheets, in this case 2012/13 and 2013/14. Therefore, the first cash flow statement will be produced in 2014/15, and thereafter will continue to be a component of the audited financial statements.

In addition, all components of the audited financial statements will have comparative amounts for the previous year.

Statement of revenue and expenditures of

HealthForceOntario Marketing and Recruitment Agency

March 31, 2012

HealthForceOntario Marketing and Recruitment Agency

March 31, 2012

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Deloitte

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Independent Auditor's Report

To the Board of Directors of
HealthForceOntario Marketing and Recruitment Agency

We have audited the accompanying statement of revenue and expenditures of HealthForceOntario Marketing and Recruitment Agency for the year ended March 31, 2012 and a summary of significant accounting policies and other explanatory information (together the "financial statement").

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of the financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Member de / Member of Deloitte Touche Tohmatsu Limited

Opinion

In our opinion, the financial statement presents fairly, in all material respects, the results of operations of HealthForceOntario Marketing and Recruitment Agency for the year ended March 31, 2012 in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
July 12, 2012

HealthForceOntario Marketing and Recruitment Agency

Statement of revenue and expenditures
year ended March 31, 2012

	2012	2011 (Note 12)
	$	$
Revenue (Schedule 1)		
Ministry of Health and Long-Term Care - Base	**12,256,000**	-
Ministry of Health and Long-Term Care Physician Assistant Grant Program (Note 6)	**914,403**	-
	13,170,403	-
Expenditures (Schedule 1)		
Salaries and benefits (Base and One-Time)	**6,832,032**	7,097,445
Base		
Board of Directors	**8,745**	10,188
Corporate affairs	**1,403,425**	1,689,727
Amortization expense	**131,467**	121,240
Access Centre	**112,934**	132,238
Website	**36,997**	75,313
HFO Jobs	**18,320**	21,703
Recruitment & Retention Outreach	**96,828**	1,036,970
Community Partnership	**113,851**	163,814
Ontario Physician Locum Programs (Note 4)	**36,361**	20,205,477
	1,958,928	23,456,670
One-Time		
Inter-professional Care Initiatives Group (Note 5)	**7,722**	4,815,642
Nursing Graduate Guarantee	**79,000**	80,500
Physician Assistant Grant Program (Note 6)	**867,957**	-
	954,679	4,896,142
Total expenditures before undernoted	**9,745,639**	35,450,257
Management fee allocation to Transitional Councils (Note 8)	**(732,751)**	(579,569)
Total expenditures before Transitional Councils	**9,012,888**	34,870,688
Transitional Councils (Note 8)	**4,068,395**	2,939,219
Total expenditures	**13,081,283**	37,809,907
Excess (deficit) of revenue over expenditures for the year before undernoted	**89,120**	(37,809,907)
Amounts funded by the Ministry of Health and Long-Term Care	-	37,809,907
Excess of revenue over expenditures for the year	**89,120**	-

HealthForceOntario Marketing and Recruitment Agency

Notes to the statement of revenue and expenditures

March 31, 2012

1. Purpose

HealthForceOntario Marketing and Recruitment Agency (the "Agency") is an operational service agency of the Ministry of Health and Long-Term Care (the "Ministry"). The Agency was incorporated without share capital under the Development Corporations Act, Regulation 249/07 as of June 6, 2007. As part of the regulation, the Agency only is allowed to receive Provincial Crown Funds. The Agency's funding comes from the Ministry; however, it utilizes a paymaster for the processing of expenses and vendor payments.

The Agency is an element of Ontario's strategy designed to make the province the "employer of choice" in health care and to ensure that Ontarians have access to the right number and mix of qualified health care providers, when and where they are needed, now and in the future. The Agency manages a range of components and executes a series of events/activities to support the recruitment, retention and effective use of Ontario's health human resources. The components that comprise the Agency are as follows:

- HFO MRA Access Centre
- HealthForceOntario.ca and HFOJobs
- External Physician Outreach
- Ontario Physician Retention/Practice Ontario
- Community Partnership Programs
- Ontario's Physician Locum Programs
- Corporate Affairs
- Corporate services to the Transitional Councils of the five regulatory health professional colleges
- Support in implementing the Nursing Graduate Guarantee (NGG) Initiative
- Health Professions Recruitment Tour (HPRT), as determined by the Ministry
- Physician Assistant Grant
- Clerkship Travel Program

Through an arrangement requested by the Ministry, the Agency supplies corporate services to the Transitional Councils for five health regulatory colleges ("TCs"). Included in the services are processing of salary and benefits and accounts payable as well as provision of services related to human resources, financial statement preparation, external audit support, facilities management, which includes office space within the Agency's leased premises and information technology support. TC staff additions and salaries, and general operating expenses are approved by each of the TC Registrars and the Ministry. The Agency acts as the paymaster for the TCs. TCs' salary and benefits are paid and provided directly by the Agency. To reflect an estimated cost of the free services provided, a notional management fee is charged to each TC. The management fee is eliminated on the Agency's statement of revenue and expenditures. The TCs do not remit payment and the Agency does not receive funds from the TCs as the Agency cannot receive money or assets from any person or entity other than the Provincial Crown.

The Agency maintains an agreement with a third party paymaster, for payment of staff expenses and vendor invoices approved by the Agency. On a regular basis, the paymaster invoices the Agency for reimbursement of the payments made on behalf of the Agency plus a service fee. The TCs' operating expenses also are paid by the paymaster once approved by the Ministry. On a regular basis, the paymaster invoices the Agency for reimbursement of the payments made on behalf of the TCs.

Effective April 1, 2012, the five TCs will become financially disentangled from the Agency. Going forward, each TC will be funded by its own Transfer Payment Agreement ("TPA") with the Ministry and will not be included in the financial statement of the Agency.

HealthForceOntario Marketing and Recruitment Agency

Notes to the statement of revenue and expenditures
March 31, 2012

2. Future accounting changes

In December 2010, the Public Sector Accounting Board changed the financial reporting framework to be followed by Government Not-for-Profit Organizations. Effective for fiscal years beginning on or after January 1, 2012, Government Not-for-Profit Organizations will be required to select from either (a) the Canadian Institute of Chartered Accountants ("CICA") Public Sector Accounting Handbook, including Sections PS 4200 to PS 4270 or, alternatively, (b) the CICA Public Sector Accounting Handbook without Sections PS 4200 to PS 4270. The Agency will adopt a new financial reporting framework for Government Not-for-Profit Organizations for its fiscal year beginning on April 1, 2012. The impact of transitioning to this new financial reporting framework has not been determined at this time.

3. Significant accounting policies

Basis of presentation

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles for Not-for-Profit organizations

The significant accounting policies are as follows:

Revenue recognition

The Agency is funded through two Transfer Payment Agreements ("TPAs") with the Ministry. The principal TPA provides funding for the majority of the Agency's expenditures including salaries and benefits, base and one-time funding. A secondary TPA provides funding for the Physician Assistant Grant Program (Note 6) which the Agency administers on behalf of the Ministry.

The Agency follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when funds are received or receivable if the amount to be received can be reasonably estimated. The Agency does not receive externally restricted contributions as all funding must be received from the Ministry.

Expenditures

The Agency divides its expenditures into two categories: Base and One-Time. Base expenditures include funds expended by the Agency to provide on-going programs and services to clients and stakeholders, and corporate services to the Agency. One-Time expenditures relates to programs and services to clients and stakeholders which may be limited to the current fiscal year.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of revenue and expenditures during the reporting period and disclosure of contingent liabilities at the date of the financial statement. Actual amounts could differ from those estimates. Accounts involving significant estimates include amortization of capital assets.

Purchased capital assets are recorded at historical cost less accumulated amortization. Amortization is provided on a straight-line basis at rates based on the estimated service lives of the assets at the following annual rates:

Leasehold improvements	Lease term
Furniture and fixtures	5 years
Computer hardware	3 years
Computer software	1 to 3 years

Pension costs

The Agency accounts for its participation in the Public Service Pension Plan which is administered by the Ontario Pension Board, a multi-employer contributory defined benefit pension plan, as a defined contribution plan.

4. Ontario Physician Locum Programs

The Ontario Physician Locum Programs ("OPLP") provides centralized and coordinated locum physician assistance for hospitals, communities and physicians across the Province of Ontario. The Ministry makes the payments directly to the physicians for the locum services provided. The Agency administers the programs and records as expenditures the general operating costs and salaries and benefits.

During the year, $36,361 (2011 - $276,901) was expensed by the Agency for general operating costs relating to the administration of the program.

During the year, OPLP physician payments made by the Ministry were $21,859,557 (2011 - $19,928,576).The OPLP physician payments issued by the Ministry directly to physicians are not presented on the statement of revenue and expenditures for the year ended March 31, 2012 due to changes in the Ministry's direction on physician payment processes in fiscal 2012. For fiscal 2012 and beyond, the Ministry has decided it will issue physician payments directly. The Ministry's prior intention was for the Agency to issue physician payments directly. Under this new direction, funds flowing through the Agency are for the purpose of OPLP administration only. No funds will flow to the Agency for physician payments.

5. Inter-professional Care Initiatives Group

Inter-professional care ("IPC") is the provision of comprehensive health services to patients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting. The Agency administers IPC grant disbursements and records in the Agency's statement of revenue and expenditures the general operating costs, which are comprised primarily of salaries and benefits, which are included in the Salaries and benefits financial statement line item. The amount reflected in One Time Inter-professional Care Initiatives Group of $7,722 represents general operating costs for the period April 1, 2011 to July 1, 2011. The amount reflected in One Time Inter-professional Care Initiatives Group for the fiscal year ended March 31, 2011 for general operating costs is $93,950.

On July 1, 2011, the Ministry assumed full responsibility for the administration of the IPC grant disbursements. For the period from April 1, 2011 to June 30, 2011 the Agency administered $92,091 (2011 - $4,721,692) of IPC grant disbursements.

The IPC grant disbursements are not presented on the statement of revenue and expenditures for the year ended March 31, 2012 because the payments are directly issued by the Ministry and not the Agency due to changes in the Ministry's direction on grant payment processes in fiscal 2012. For fiscal 2012 and beyond, the Ministry has decided it will issue grant payments directly. The Ministry's prior intention was for the Agency to issue grant payments directly. Under this new direction, funds flowing through the Agency are for the purpose of IPC administration only. No funds will flow to the Agency for grant payments.

6. Physician Assistant Grant Program

Physician Assistants ("PA's") are health care practitioners who have been certified or are eligible to be certified by the Canadian Association of Physician Assistants as PA's in Canada. Two educational programs exist in Ontario: McMaster University and the Consortium of PA Education, which comprises of the University of Toronto, the Northern Ontario School of Medicine and The Michener Institute for Applied Health Sciences. During the current fiscal year, the Ministry provided funding to the Agency to administer the PA graduate employment support initiative for the 2011 and 2012 graduates of the two Ontario PA education programs. The objectives of the PA graduate employment support initiative are to encourage the hiring of PA graduates in a relatively new and developing profession; and facilitate the employment of PA graduates in priority clinical and geographic areas.

6. Physician Assistant Grant Program (continued)

During the year, total funding received from the Ministry was $1,136,075 (2011 - Nil), of which, $914,403 (2011 - Nil) has been recognized as revenue. The Agency incurred expenditures of $920,973 (2011 - Nil) which comprised salaries and benefits of $53,016 and $867,957 in program expenses (2011 - Nil) and has deferred $221,672 (2011 - Nil).

7. Lease commitments

The Agency has entered into an operating lease for premises which expires July 2013. Approximate future minimum lease payments are as follows:

	$
2013	454,000
2014	151,000
	605,000

8. Transitional Councils

To reflect an estimated cost of the free services provided to the TCs, a notional management fee is charged to each Transitional Council ("TC"). The fee is charged at a rate of 15% (2011 - 15%) of TC expenditures. The management fee is eliminated on the combined Agency statement of revenue and expenditures. The TCs do not remit payment and the Agency does not receive funds from the TCs as the Agency cannot receive money or assets from any person or entity other than the Crown in right of Ontario per regulation.

The amounts expended during the year related to the TCs (including the allocated management fee) are as follows:

	2012	2011
	$	$
Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	**746,799**	633,680
Transitional Council of theCollege of Registered Psychotherapists and Registered Mental Health Therapists of Ontario	**764,713**	596,808
Transitional Council of theCollege of Kinesiologists of Ontario	**893,295**	498,332
Transitional Council of theCollege of Homeopaths of Ontario	**869,643**	610,015
Transitional Council of theCollege of Naturopaths of Ontario	**793,945**	600,384
	4,068,395	2,939,219

9. Pension costs

Employees of the Agency are members of the Public Service Pension Plan ("PSPP"), which is a multi-employer contributory defined benefit pension plan. PSPP members receive benefits based on length of service and the average earnings during the five consecutive years that provide the highest earnings prior to retirement, termination or death.

Contributions to PSPP made during the year by the Agency on behalf of its employees amounted to $374,445 (2011 - $407,588) and are included in the salaries and benefits expense in the statement of revenue and expenditures.

10. Statement of financial position and statement of cash flows

A statement of financial position and cash flows are not included with the statement of revenue and expenditures because the comparative information required is not available and would not reflect the real economic transactions of the Agency. During fiscal 2011, the third party paymaster directly reimbursed vendors of the Agency through payments received directly from the Ministry. As of April 1, 2012, the Agency operated their own bank account and began the payment of both payroll related expenditures and Agency operating costs through that account. The third party paymaster is still involved to handle the processing of accounts payable. As at March 31, 2012, the balance in the bank accounts was $3,084,119 (2011 - $1,343,108).

Capital assets

	Cost	Accumulated amortization	2012 Net book value	2011 Net book value
	$	$	$	$
Furniture and fixtures	140,095	129,006	11,089	39,108
Computer hardware	227,215	190,961	36,254	34,262
Computer software	186,681	170,424	16,257	24,386
Leasehold improvements	208,111	144,300	63,811	77,090
	762,102	634,691	127,411	174,846

11. Guarantees

In the normal course of business, the Agency has entered into agreements that meet the definition of a guarantee and may include indemnities in favor of third parties. The Agency's primary guarantees are as follows:

(a) Indemnity has been provided to all directors and officers of the Agency for various items including, but not limited to, all costs to settle suits or actions due to association with the Agency, subject to certain restrictions. The Agency has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits or actions. The term of indemnification is not explicitly defined, but is limited to the period over which the indemnified party served as a director or officer of the Agency. The maximum amount of any potential future payment cannot be reasonably estimated.

The nature of these indemnification agreements prevents the Agency from making a reasonable estimate of the maximum exposure due to the difficulties in assessing the amount of liability which stems from the unpredictability of future events and the unlimited coverage offered to counterparties.

12. Comparative amounts

Certain of the comparative amounts previously presented in the Statement of expenditures for the year ended March 31, 2011 have been reclassified to correspond to the current year's presentation of the statement of revenue and expenditures.

13. Economic dependence

The Agency is economically dependent upon the continued financial support of the Ministry.

HealthForceOntario Marketing and Recruitment Agency

Schedule 1
year ended March 31, 2012

	Salaries and benefits	General operations	Total	Budget (unaudited)
	$	$	$	$
Revenues				
Component	-	-	12,256,000	15,574,700
PA Funding	-	-	914,403	2,660,075
Total	-	-	13,170,403	18,234,775
Expenses				
Base components				
Board of Directors				
Salaries and benefits	9,332	-	9,332	26,880
General operating	-	8,745	8,745	14,120
Total	9,332	8,745	17,077	41,000
Corporate affairs				
Salaries and benefits	1,597,655		1,597,655	1,824,980
General operating	-	1,534,892	1,534,892	2,357,775
Total	1,597,655	1,534,892	3,132,547	4,182,755
Access centre				
Salaries and benefits	1,732,440	-	1,732,440	1,743,698
General operating	-	112,933	112,933	366,706
Total	1,732,440	112,933	1,845,373	2,110,404
Website				
Salaries and benefits	-	-	-	-
General operating	-	36,997	36,997	25,000
	-	36,997	36,997	25,000
HPCJobs				
Salaries and benefits	106,811	-	106,811	209,072
General operating	-	18,320	18,320	20,670
Total	106,811	18,320	127,131	229,742
Recruitment and retention outreach				
Salaries and benefits	586,965	-	586,965	740,528
General operating	-	96,828	96,828	191,119
Total	586,965	96,828	683,793	931,647
Community partnership				
Salaries and benefits	1,134,403	-	1,134,403	1,250,262
General operating	-	113,851	113,851	129,190
Total	1,134,403	113,851	1,248,254	1,379,452
OPLP				
Salaries and benefits	1,351,226		1,351,226	1,400,000
General operating	-	36,361	36,361	300,000
Total	1,351,226	36,361	1,387,587	1,700,000
Base component total	6,519,832	1,958,927	8,478,759	10,600,000
One-time components				
IPCIC				
Salaries and benefits	101,197	-	101,197	113,952
General operating	-	7,722	7,722	45,748
Total	101,197	7,722	108,919	159,700
NOG				
Salaries and benefits	157,986	-	157,986	200,000
General operating	-	79,000	79,000	80,000
Total	157,986	79,000	236,986	280,000
HERT				
Salaries and benefits	-	-	-	-
General operating	-	-	-	235,000
Other				
Salaries and benefits	-	-	-	-
General operating	-	-	-	300,000
Physician assistant				
Salaries and benefits	53,016	-	53,016	140,000
General operating	-	867,957	867,957	2,520,075
Total	53,016	867,957	920,973	2,660,075
Regulatory colleges				
Salaries and benefits	2,012,830	-	2,012,830	2,300,000
General operating	-	2,055,566	2,055,566	1,700,000
Total	2,012,830	2,055,566	4,068,396	4,000,000
One-time component total	2,325,029	3,010,245	5,335,273	7,099,775
Expenses before college fees	-	-	13,814,034	18,234,775
College fees	-	-	(732,751)	-
Total expenses with college fees	-	-	13,081,283	18,234,775
Surplus/(shortage)	-	-	89,120	-

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- In 2011/2012, HealthForceOntario Marketing and Recruitment Agency (HFO MRA) received $13,392,075 from the Ministry of Health and Long-Term Care (MOHLTC) of which $221,672 was recorded as deferred revenue for spending the following year to be allocated to the Physician Assistant Grant Program.
- Of this funding, $12,256,000 was received through a Transfer Payment Agreement with MOHLTC to support base program and one-time program expenditures; and $1,136,075 (2012 - $914,403; 2013 - $221,672) was received through a Transfer Payment Agreement with MOHLTC to support the Physician Assistant Grant Program.
- The 2011/2012 fiscal year is the first year in which HFO MRA received full direct funding from MOHLTC. In prior years, the Ministry funded a third party paymaster to remit vendor payments on behalf of HFO MRA, except for 2010/2011 in which the Agency received funding for payroll costs only. As such, this is the first fiscal year in which the Agency is reporting revenue. With the receipt of revenue directly from MOHLTC, the Agency now is in the position to develop a comparative Balance Sheet for the 2012/2013 fiscal year and Cash Flow for the 2014/2015 fiscal year. Ontario Physician Locum Programs physician payments and Interprofessional Care Initiative Grants continue to be paid directly to the recipients by the Ministry.
- The year ended near a break-even position with a surplus of revenues over expenditures of $89,120.
- Expenditures for base funding and one-time funding, including expenditures on the Physician Assistant Grant Program, were within budget; however, expenditures by the Transitional Councils for five health regulatory colleges exceeded budget by $68,395. HFO MRA acts as the paymaster for the five Transitional Councils and their expenditures are approved by MOHLTC and the Transitional Councils' respective Registrars. MOHLTC provided prior approval for the expenditures over budget.
- Base funding expenditures show a significant reduction from the prior year. This is the result of a change in reporting for Ontario Physician Locum Programs physician payments. The Ministry's prior intention was for the Agency to issue physician payments directly; therefore, these payments are reported on the statement of revenues and expenditures for 2010/2011 as a comparative. Under a change in Ministry direction on physician payment processes, the Ministry will continue to issue payments directly. Following this new direction, only funds flowing through the Agency for the purpose of Ontario Physician Locum Programs administration are reported in 2011/2012. For the current year, the physician payments are reported in the notes to the statement of revenues and expenditures.
- One-time funding expenditures show a significant reduction from the prior year. This is the result of a change in reporting for Interprofessional Care grant payments. The Ministry's prior intention was for the Agency to issue grant payments directly; therefore, these payments are reported on the statement of revenues and expenditures for 2010/2011 as a comparative. Under a change in Ministry direction on grant payment processes, the Ministry will continue to issue payments directly. Following this new direction, only funds flowing through the Agency for the purpose of Interprofessional Care administration are reported in 2011/2012. For the current year, the grant payments are reported in the notes to the statement of revenues and expenditures.
- HFO MRA's audited financial statements have been prepared in accordance with Canadian generally accepted accounting principles for Not-for-Profit organizations and are included in this Annual Report.

Appendix A: Board Members

The 2011/12 members were:

Dr. Amit Chakma, Chair
Dr. Peter Wells, Vice-Chair/Acting Chair
Ms. Carolyn Acker, Director
Dr. Robert Howard, Director
Dr. John G. Kelton, Director
Dr. Joan Lesmond, Director
Mr. Arun K. Mathur, Director
Dr. Raymond Pong, Director

Dr. Amit Chakma, Chair

Appointed by Order-in-Council: June 27, 2007
Term of Appointment Expired: June 26, 2011

Dr. Chakma is the 10th President and Vice-Chancellor of The University of Western Ontario. Previously, he served at the University of Waterloo as Vice-President, Academic & Provost, and as a Professor in the Department of Chemical Engineering. Dr. Chakma resigned from the Board at the end of his term in June 2011.

Dr. Peter Wells, Vice-Chair/Acting Chair

Initial Tenure: June 27, 2007 to June 27, 2011
Reappointed by Order-in-Council: June 27, 2011
Appointed as Chair: July 18, 2012
Current Term of Appointment Expires: July 17, 2015

Dr. Wells is the Founder and Executive Director of the Rural Ontario Medical Program, as well as a Family physician with a busy practice in Collingwood. He is a part-time Assistant Clinical Professor with McMaster University and Assistant Professor with the University of Toronto.

Ms. Carolyn Acker, Director

Initial Tenure: October 8, 2008 to October 7, 2011
Reappointed by Order-in-Council: November 16, 2011
Current Term of Appointment Expires: November 15, 2014

Ms. Acker began her career as a Registered Nurse at Saint Michael's Hospital, and then became a Community Health Nurse with Saint Elizabeth Health Care. She is Founder of Pathways to Education Canada, a program she founded while in the position of Executive Director of the Regent Park Community Health Centre. She has since led the replication of Pathways in five other communities in Ontario and Quebec. In 2010, she received an Honorary Doctorate of Science from the University of New Brunswick and was recognized as a "Canadian Pioneer in Poverty Reduction."

Dr. Robert Howard, Director

Initial Tenure: October 22, 2008 to October 21, 2011
Reappointed by Order-in-Council: November 16, 2011
Current Term of Appointment Expires: November 15, 2014

Dr. Howard is President and Chief Executive Officer of St. Michael's Hospital. He joined the hospital as a staff Cardiologist in 1982 and has since held various positions including Chief Medical Officer and Executive Vice-President, Programs and Education.

Dr. John G. Kelton, Director

Initial Tenure: October 22, 2008 to October 21, 2011
Reappointed by Order-in-Council: November 16, 2011
Current Term of Appointment Expires: November 15, 2014

Dr. Kelton is the Dean of the Faculty of Health Sciences and Vice-President of McMaster University. He has an active clinical practice and conducts research into platelet and bleeding disorders with a particular focus on bleeding disorders of pregnant women and heparin-induced thrombocytopenia.

Dr. Joan Lesmond, Director

Appointed by Order-in-Counil: June 25, 2007
Term of Appointment Expired: June 24, 2012

Dr. Joan Lesmond was a dynamic and well-known nursing leader with more than 30 years of experience in the community health-care field. Most recently she was the Executive Director of Community Engagement at Saint Elizabeth Health Care, a not-for-profit charitable organization delivering health care in the home and community, and the Executive Director of the Saint Elizabeth Health Care Foundation. Ms. Lesmond, served on the HFO MRA Board until she passed away in August 2011.

Mr. Arun K. Mathur, Director

Appointed by Order-in-Council: May 17, 2011
Term of Appointment Expires: May 16, 2014

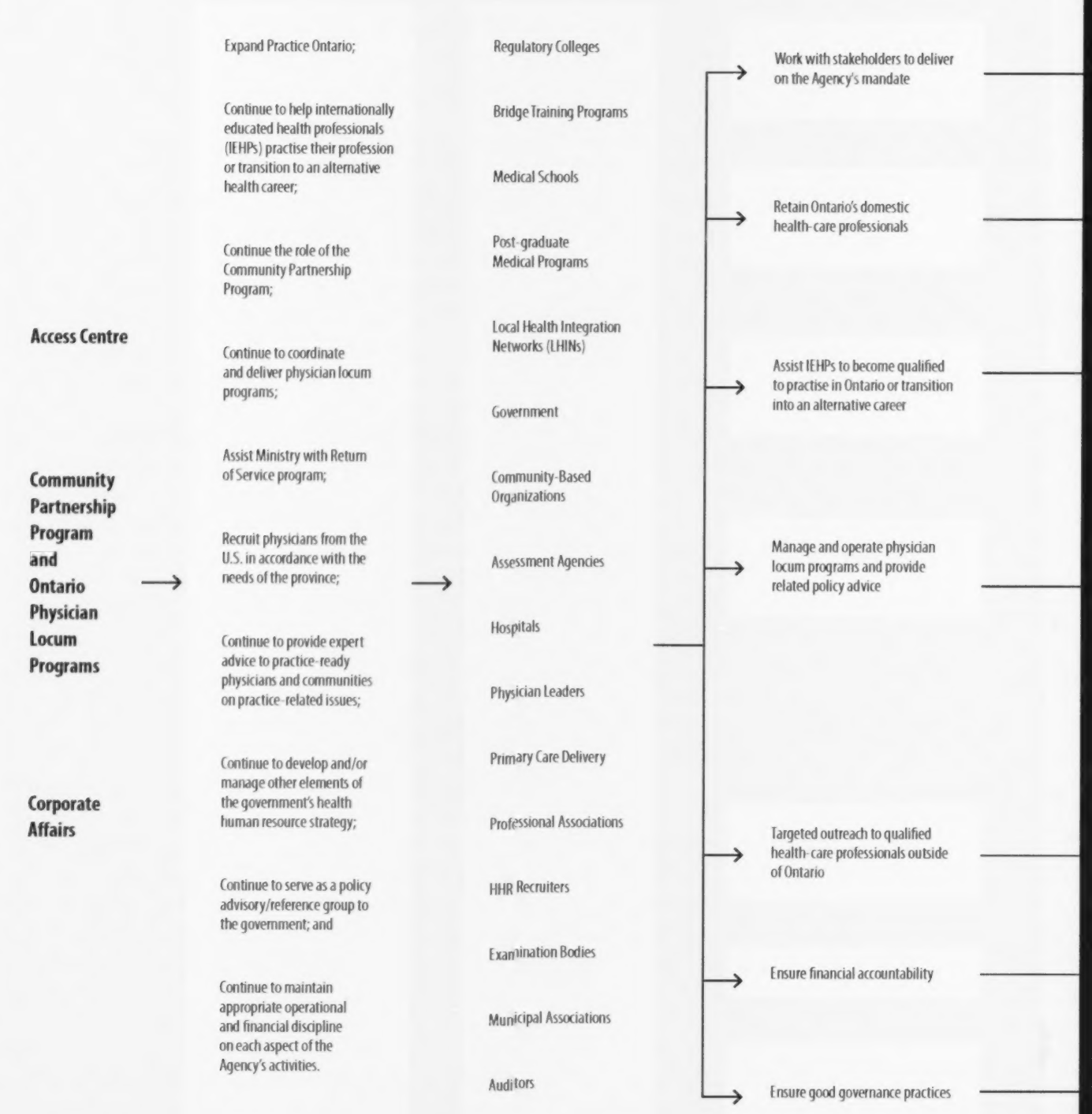
Mr. Mathur, a Chartered Accountant, is currently the partner in charge of the Toronto-area office of Gerald Duthie & Co. LLP Chartered Accountants. He helps business owners facing growth and financial challenges, and advises clients on business acquisitions and complex business problems.

Dr. Raymond Pong, Director

Appointed by Order-in-Council: November 19, 2008
Term of Appointment Expired: November 18, 2011

Dr. Pong established the Centre for Rural and Northern Health Research (CRaNHR) at Laurentian University in 1992 and was its inaugural Director for 18 years until he stepped down in 2010 and became a Senior Research Fellow of the research centre. He is also a Professor of the School of Rural and Northern Health at Laurentian University and the Northern Ontario School of Medicine.

Logic Model


Core Business
Strategic Directions
Key Partners & Stakeholders
Core Business Activities
Access Centre
Community Partnership Program and Ontario Physician Locum Programs
Corporate Affairs
Expand Practice Ontario;
Continue to help internationally educated health professionals (IEHPs) practise their profession or transition to an alternative health career;
Continue the role of the Community Partnership Program;
Continue to coordinate and deliver physician locum programs;
Assist Ministry with Return of Service program;
Recruit physicians from the U.S. in accordance with the needs of the province;
Continue to provide expert advice to practice-ready physicians and communities on practice-related issues;
Continue to develop and/or manage other elements of the government's health human resource strategy;
Continue to serve as a policy advisory/reference group to the government; and
Continue to maintain appropriate operational and financial discipline on each aspect of the Agency's activities.
Regulatory Colleges
Bridge Training Programs
Medical Schools
Post-graduate Medical Programs
Local Health Integration Networks (LHINs)
Government
Community-Based Organizations
Assessment Agencies
Hospitals
Physician Leaders
Primary Care Delivery
Professional Associations
HHR Recruiters
Examination Bodies
Municipal Associations
Auditors
Work with stakeholders to deliver on the Agency's mandate
Retain Ontario's domestic health-care professionals
Assist IEHPs to become qualified to practise in Ontario or transition into an alternative career
Manage and operate physician locum programs and provide related policy advice
Targeted outreach to qualified health-care professionals outside of Ontario
Ensure financial accountability
Ensure good governance practices

Key Output Indicators	Intermediate Indicators 2011/2012	Ultimate Outcomes
Stakeholder satisfaction with services	Over 75% of stakeholders rate Agency services as satisfactory or higher	**Ontarians have access to the right number and mix of qualified health-care providers and their services, when and where they are needed.** **Ontario is considered an "employer of choice" in health care.**
# of medical residents placed in communities through Practice Ontario	Match over 75% of graduating residents registered with Practice Ontario to an Ontario community	
Client satisfaction with services	Over 75% of medical resident clients rate Practice Ontario services as satisfactory or higher	
# of IEHPs registered as clients	Over 3,100 new IEHPs clients register with the Agency	
	Average over 2,000 active clients	
Client satisfaction with services	Over 75% of IEHP clients rate services as satisfactory or higher	
# of Ontario residencies offered to IMG clients	Over 80 of Ontario's IMG residencies are offered to clients	
# of ED closures in EDCDP hospitals	No (0%) ED closures in EDCDP hospitals	
# of ED closures in non-EDCDP hospitals	Together with the Ministry and LHINs, no (0%) ED closures in non-EDCDP hospitals	
Client satisfaction rate for RFMLP	Over 75% of RFMLP physicians rate services as satisfactory or higher	
Client satisfaction rate for NSLP	Over 75% of NSLP hospital/community contacts rate services as satisfactory or higher	
# of clients recruited in priority specialties working in underserved communities	100 physicians recruited; over 75% in priority specialties working in under-served communities	
Client satisfaction with services	Over 75% of clients rate the Agency's recruitment services as satisfactory or higher	
Results of annual audit	Unqualified audit opinion issued on management's year-end financial statements	
Results from annual management letter	Corrective action taken based on audit recommendations or management's response to the audit recommendations	

HealthForceOntario

HealthForceOntario Marketing and Recruitment Agency

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